

(Insert Appropriate Classification
When Filled in)

Date _____

MEMORANDUM FOR: CABLE SECRETARY

SUBJECT: Authority to Release Cables

REFERENCE:

STAT

Under the provisions of the above cited authority,

_____ (Name)	_____ (Position)	_____ (Component)
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whose signature appears below, is designated as an authorized releasing officer for
the period, _____.

Limitations of this officer's releasing authority are _____

(Signature of designee)

_____ (Telephone number)	_____ (Red)	_____ (Black)	_____ (Home)	_____ (Badge)
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RELEASING AUTHORITY FOR _____ IS RESCINDED.
(Name, if applicable)

(Signature of requesting official)

Approved by: _____

Deputy Director for _____

Additional copies of this form may be obtained from Cable Secretariat.

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When Filled In)